

REQUEST FOR EXTENSION OF DEPARTMENT APPROVED TRAINING

PO BOX 45266
SALT LAKE CITY, UT 84145-0266

Please read all questions and instructions below carefully. If you fail to follow all instructions, answer all questions or fail to submit all the necessary documents, your request could be denied or delayed, causing a delay in the payment of your unemployment benefits.

Claimant's Name _____ **Social Security No.** _____

I request an extension of Department approved training for the next school term.

The next term begins _____

School Name _____

Listed below are the documents you must submit with this request.

- ☐ An official Grade Report from the school for the previously completed school term (if attended).
- ☐ A certification of progress for the classes for the current school term (See Certification of progress below).
- ☐ Copy of registration showing all the classes you will be taking for the next school term.

CERTIFICATION OF PROGRESS

You must submit evidence of your satisfactory performance in training to continue your Department approval while receiving unemployment benefits. You must present an official report of your grades or have this Certification of Progress completed by your instructors.

CERTIFICATION BY INSTRUCTOR: I certify this individual is satisfactory attending training in my class and is receiving a passing grade.

Attendance/ Passing Grade (C or Better)	Class	Instructor	Signature	Telephone #	Date
1. Yes No	_____	_____	_____	_____	_____
2. Yes No	_____	_____	_____	_____	_____
3. Yes No	_____	_____	_____	_____	_____
4. Yes No	_____	_____	_____	_____	_____
5. Yes No	_____	_____	_____	_____	_____

CERTIFICATION: I know that the law provides penalties for falsifying statements in order to obtain unemployment benefits. I certify that the above statements, the Certification of Progress, and other information I have submitted are true and correct to the best of my knowledge and belief.

Signature _____ Date _____

CLAIMANT --- DO NOT WRITE BELOW THIS LINE

Department Approval Extension granted: ☐ Yes ☐ No

Extension granted from _____ to _____

Claims taker's signature _____ Empl # _____ Date _____